



**Twenty-first Century Scholars
150 W. Market Street, Suite 500
Indianapolis, IN 46204**

Certification of Non-Possession of Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) of Parent or Legal Guardian Signing a Twenty-First Century Scholar Enrollment Application

I hereby certify that I, the parent or legal guardian signing the accompanying application for the Twenty-first Century Scholars Program, do not have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).

I further understand that not having a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) will not adversely affect the determination of eligibility for the Program.

Printed name of parent or legal guardian: _____

Signature of parent or legal guardian: _____

Date of Signature: ____ - ____ - ____

Please complete the following with information about the student for whom the enrollment application is being completed.

Student's Full Name: _____

Student's Date of Birth: ____ - ____ - ____

Student's Social Security Number: ____ - ____ - ____

Please return this form along with the corresponding program application to:

Office of Twenty-first Century Scholars
State Student Assistance Commission of Indiana
150 W. Market Street, Suite 500
Indianapolis, IN 46204